

PART B - FEE(S) TRANSMITTAL

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22850

7590

07/02/2009

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| (Date) |

CUSTOMER NUMBER **22850**

| APPLICATION NO | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO |
|----------------|-------------|----------------------|---------------------|-----------------|
|----------------|-------------|----------------------|---------------------|-----------------|

10736.533

12/17/2003

Kenichi Ogawa

246747US2X

4429

TITLE OF INVENTION: METHOD AND SYSTEM FOR X-RAY DIAGNOSIS OF OBJECT IN WHICH X-RAY CONTRAST AGENT IS INJECTED

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 10/02/2009 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| LAURITZEN, AMANDA I. | 3737 | 600-431000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Oblon, Spivak.
2. McClelland, Maier
3. & Neustadt, L.L.P.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

1) KABUSHIKI KAISHA TOSHIBA

1) Tokyo, JAPAN

2) TOSHIBA MEDICAL SYSTEMS CORPORATION

2) Otawara-Shi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Date

Typed or printed name

Paul J. Killos

Registration

OCT 02 2009

Registration No. 58,014

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